

Wisconsin Home Energy Assistance Program (WHEAP) Zero Income Form

Shaded areas to be filled out by WHEAP agency

Due date (mm/dd/yy):	Name:
Application #:	<input type="checkbox"/> Case Head <input type="checkbox"/> Household Member

1. Last date employed: _____

2. Did you receive cash for work performed in the last 3 months?

☐ Yes* ☐ No

*Example: braiding hair, babysitting, lawn/snow maintenance, car repair, etc. If yes, complete the Self-Generated Income Report Form to report this income.

3. List any money received from family, friends, or donations in the 3 months specified:

Month			
Amount			

a. Was the money received as a loan or gift/donation? ☐ Loan ☐ Gift/donation

4. Please explain below how the following expenses have been met in the household:

Food	
Housing	
Transportation	
Utilities	
Basic living needs*	

*Example: clothing, diapers, cleaning supplies, personal hygiene products, etc.

I certify that the information provided above is true and complete statements of facts. I also understand that I may be required to provide proof of any information given and that giving false information will invalidate this form, and may require the return of any benefits received based on the false information.

Applicant Signature

Date

Agency Worker Signature

Date